



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
OFFICE OF SURVEILLANCE  
**RECORD OF INVESTIGATION OF DIPHTHERIA**

CHECK PRELIMINARY DIAGNOSIS <input type="checkbox"/> CLINICAL CASE <input type="checkbox"/> CARRIER <input type="checkbox"/> SUSPECT					DATE			
PATIENT'S NAME					AGE	SEX	RACE	
STREET ADDRESS OR RFD				CITY OR TOWN		COUNTY		
PREVIOUS ADDRESS (IF SIGNIFICANT)					DATE MOVED			
PLACE EMPLOYED OR SCHOOL ATTENDED				OCCUPATION				
DATE OF ONSET		DATE REPORTED		HOW DID YOU FIRST LEARN OF THIS CASE?			DATE	
PATIENT HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE		ATTENDING PHYSICIAN				
NAME OF HOSPITAL				HOSPITAL PHYSICIAN				
CHIEF CLINICAL SYMPTOMS WITH DATES  _____  _____  _____  _____  _____  _____								
TREATMENT (TYPE, AMOUNT, DATES)  _____  _____								
<b>BACTERIOLOGICAL RESULTS OF NOSE AND THROAT CULTURES FROM PATIENT</b>								
DATE COLLECTED		RESULTS		DATE COLLECTED		RESULTS		NAME OF LABORATORY
		CULTURE	VIRULENCE			CULTURE	VIRULENCE	
<b>RELEASE SPECIMENS</b>								
DIPHTHERIA IMMUNIZATION? INOCULATIONS AND DATES							DATE OF BOOSTER	
SEVERITY OF DISEASE				WAS ANTITOXIN GIVEN PATIENT?			DATE	

Are there other associated cases? ☐ Yes ☐ No

If yes, how many, and how associated? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Household Sanitation: ☐ Good ☐ Fair ☐ Poor

Milk Supply \_\_\_\_\_

Other Milk Products \_\_\_\_\_

Other Pertinent Epidemiological Data: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### CONTACTS (Household and Other)

NAME AND ADDRESS	AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS? ONSET DATE	BACTERIOLOGICAL EXAMINATION		
					DATE	CULTURE	VIRULENCE TEST

#### NARRATIVE AND FOLLOW-UP NOTES

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\_\_\_\_\_

\_\_\_\_\_

#### PROBABLE SOURCE

<input type="checkbox"/> RECOVERED <input type="checkbox"/> DIED	DATE OF DEATH	CAUSE OF DEATH
INVESTIGATED BY	FINAL DIAGNOSIS	
NAME OF AGENCY		DATE